

February, 1957
Vol. XVIII, No. 2

Rehabilitation Literature

COMPILED AND PUBLISHED
MONTHLY BY THE LIBRARY OF
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REHABILITATION LITERATURE serves as a monthly abstracting index to books, pamphlets, and periodical articles on all phases of rehabilitation as relating to the care, welfare, education, and employment of handicapped children and adults.

REHABILITATION LITERATURE is compiled for use primarily by physicians, occupational, physical and speech and hearing therapists, nurses, welfare workers and administrators, school administrators and teachers of exceptional children, psychologists, vocational counselors and employment personnel, and for students entering these professions.

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The monthly issues of this abstracting bulletin serve as a supplement to the reference book Rehabilitation Literature, 1950-1955, compiled by Graham and Mullen, and published in 1956 by McGraw-Hill, New York.

ACCIDENTS

153. Chisolm, J. Julian, Jr. (Baltimore City Hosp., 4940 Eastern Ave., Baltimore 24, Md.)

The exposure of children to lead, by J. Julian Chisolm, Jr. and Harold E. Harrison. Pediatrics. Dec., 1956. 18:6:943-958.

A report of a study conducted during 1952-1954, inclusive, of 197 children exposed to lead including 89 patients with acute lead encephalopathy. Some environmental, behavioral, and social factors in the production of lead poisoning are discussed, as well as preventive measures to be instituted in the community.

ACCIDENTS--STATISTICS--SOUTH AFRICA

154. Simson, James C. (Addington Children's Hosp., Durban, S. Africa)

A survey of accidents in childhood. S. African Med. J. Oct. 27, 1956. 30:43:1030-1035.

A report of an analysis of all accident cases admitted as in-patients to the Addington Children's Hospital, Durban, S. Africa, from January, 1949 through December, 1953. The data presented relate solely to European children under 13 years of age. Types of accidents are classified as to age distribution and each category is discussed in some detail. The accident ratio showed that boys out-numbered girls 7:4. Prevention of childhood accidents rests mainly with parents.

AMPUTATION

See 266.

AMPUTATION--EMPLOYMENT

155. Long, Charles, II. (Highland View Cuyahoga County Hosp., Harvard Rd., Cleveland 22, O.)

Amputees in industry. Arch. Phys. Med. and Rehab. Dec., 1956. 37:12:766-769.

Case histories of 5 amputees shown in the film, "Amputees in Industry," prepared at the amputation clinic of the Henry Ford Hospital, Detroit, are discussed. The film was presented at the 1955 meeting of the American Congress of Physical Medicine and Rehabilitation, and this paper is a paraphrase of remarks made when the film was shown.

AMPUTATION--EQUIPMENT

156. Mazet, Robert, Jr. (Veterans Administration Center, Wilshire and Sawtelle Blvds., Los Angeles 25, Calif.)

Upper-extremity amputation surgery and prosthetic prescription, by Robert Mazet, Jr., Craig L. Taylor, and Charles O. Bechtol. J. Bone and Joint Surg. Dec., 1956. 38-A:6:1185-1198.

AMPUTATION--EQUIPMENT (continued)

The Prosthetic Training Center, Engineering Department, University of California, Los Angeles, during the past 4 years has prescribed, manufactured, and field tested upper-extremity prostheses for 240 patients. Since so many persons with amputations in the so-called undesirable areas have been successfully fitted, the concept of "sites of election" in upper-extremity amputations is considered obsolete by the authors. Amputation surgery should be directed toward saving all possible length in all areas. Prosthetic considerations need not dictate the site, but physical aspects--as skin coverage, circulation, good innervation and function of part saved--are the determining factors. The surgeon should be familiar with the latest prosthetic techniques, and he should share the responsibility for amputee rehabilitation with other members of the prosthetic team (the patient, therapist, trainer, prosthetist, job counselor, and psychologist), of which he is captain.

APHASIA

157. Ingram, T. T. S. (Dept. of Psychological Med., Royal Hosp. for Sick Children, Edinburgh, Scotland)

Developmental aphasia observed in a department of child psychiatry, by T. T. S. Ingram and J. F. Reid. Arch. Disease in Childhood. June, 1956. 31:157:161-172. Reprint.

A report on a study of 78 children of average intelligence, referred to a department of child psychiatry because of educational difficulties and behavioral disorders. None showed any evidence of cerebral damage but were found to have specific dyslexia and dysgraphia due to developmental aphasia. Types of reading and writing errors encountered are described and classified. The frequency of retarded speech development, expressive and receptive aphasia, and speech defects is noted. An analysis of the psychiatric and psychological assessment and results of investigating environmental factors and manifestations of aphasia is made.

158. Riese, Walther (Hosp. Div. 19, Med. College of Virginia, Richmond, Va.)

Semantic aphasia; a clinical neuropathological study including a report of the first known case of semantic aphasia with complete examination of the brain. J. Nerv. and Mental Disease. Jan., 1956. 123:1:18-22. Reprint.

A brief discussion of Henry Head's classification of speech defects resulting from brain lesions, the fourth type of which he termed "semantic aphasia," and of the contribution of Hughlings Jackson to the understanding of cerebral localization. A case report of semantic aphasia with findings of anatomical, microscopic, and gross examination of the brain is included. "...In the analysis here submitted, for the first time an effort has been made to correlate various types of aphasia and the preserved speech components implied with the amount of tissue preserved."

ARTHRITIS

159. Acker, Martin (Stanford Univ. School of Med., San Francisco 11, Calif.)

Vocational rehabilitation of patients with rheumatic diseases. Arch. Phys. Med. and Rehab. Dec., 1956. 37:12:743-747.

ARTHRITIS (continued)

In 1953 the New York Chapter, Arthritis and Rheumatism Foundation, with the cooperation of the Institute for the Crippled and Disabled initiated a rehabilitation program for arthritics, called the Back to Work project. This paper reports results achieved for the period Sept., 1953, through Feb., 1956. "Of 159 cases closed in 30 months, 62 returned to work, 14 were referred to other agencies, 52 did not complete the rehabilitation program, and 31 were rejected as unsuitable to the project."

ARTHRITIS--MEDICAL TREATMENT

160. Hall, Arthur Perry (Peter Bent Brigham Hosp., Boston, Mass.)

The medical management of rheumatoid arthritis, by Arthur Perry Hall and Theodore B. Bayles. Brit. J. Phys. Med. Dec., 1956. 19:12:273-279.

Article appears simultaneously in: Conn. State Med. J. Dec., 1956.

Three case histories illustrate the approach to the management of rheumatoid arthritis in the early, mild stage of the disease, in cases with progressive joint damage and decreasing physical independence, and where late, destructive effects of the disease are evident. Therapeutic modalities discussed should be applied after careful evaluation of medical and orthopedic aspects of the individual case has been made.

BLIND--EMPLOYMENT

161. Buell, Josephine (3001 Derby St., Berkeley, Calif.)

Employment status of former pupils of the California School for the Blind. Exceptional Children. Dec., 1956. 23:3:102-103.

A report of a study surveying the employment status of former students of the California School for the Blind, giving statistical data on percent employed, types of occupations, incomes as compared with the sighted, and comparison of the employment record of students of this particular school with that of similar schools. This paper is a summary of a master's thesis accepted by San Francisco State College in 1956.

162. Septinelli, Anthony E. (Service for the Blind, Calif. State Dept. of Education, Sacramento 14, Calif.)

Imagination and ingenuity; keys to placement. New Outlook for the Blind. Dec., 1956. 50:9:354-358.

Imagination and ingenuity are needed by the worker for the blind in selling the skills of blind workers to employers; the author suggests ways of overcoming employer resistance, how to solve the transportation problems of blind workers, and how to place the "average" blind worker. He also reviews achievements in rehabilitating the blind in California from July, 1952, through June, 1955, and the success of placing blind persons in charge of vending stands, cafeterias, and snack bars.

BLIND--PERSONNEL

163. U. S. Office of Education

Teachers of children who are blind; a report based on findings from the study "Qualification and preparation of teachers of exceptional children," prepared by Romaine P. Mackie and Lloyd M. Dunn... Washington, D.C., Gov't. Print. Off., 1955. 109 p. illus., tabs. (Bul. 1955, no. 10)

BLIND--PERSONNEL (continued)

This is one of a series of publications reporting on the nationwide study "Qualification and Preparation of Teachers of Exceptional Children," a major project of the Office of Education. Findings report opinions of a great number of leaders in education and may be of value to teachers in their own professional development, to supervisors and administrators in the selection of personnel, to agencies responsible for setting up standards, and to institutions of higher learning which prepare teachers of exceptional children. Discussed are the competencies needed by teachers of blind children, opinions on the effectiveness of some teachers, and practical experiences in professional preparation of teachers.

Available from U. S. Superintendent of Documents, Washington 25, D. C., at 40¢ a copy.

BLIND--PREVENTION

164. Gutman, Eleanor B. (1400 S.W. 5th Ave., Portland 1, Ore.)

Health department leadership in prevention of blindness, by Eleanor B. Gutman and William D. Simmons. Am. J. Public Health. Dec., 1956. 46:12:1525-1530.

The program directors of the California and Oregon state health departments relate what their respective states are doing in initiating vision conservation programs. Objectives of a sound coordinated program are defined and the value of epidemiologic studies, demonstration programs of identification, and measures for prevention and control of blinding conditions is pointed out.

BRAIN

165. Goldstein, Robert (Central Institute for the Deaf, 818 S. Kingshighway, St. Louis 10, Mo.)

Hearing and speech in infantile hemiplegia before and after left hemispherectomy, by Robert Goldstein, Allan C. Goodman, and Robert B. King. Neurology. Dec., 1956. 6:12:869-875.

A report of findings in the auditory testing of 4 patients with right infantile hemiplegia before and after removal of the abnormal left cerebral hemisphere; results confirm quantitatively the qualitative observations made previously in similar cases, with the added observations that ability to understand somewhat distorted speech in spite of normal thresholds for pure tones and speech was impaired and marked in the ear contralateral to the pathologic hemisphere. The latter condition did not change following hemispherectomy. Speech gave no evidence of aphasia and was not affected adversely by surgery. Vocabulary and language were commensurate with intellectual capacity and educational level.

See also 176.

BRAIN INJURIES

166. Benda, Clemens E. (Research Unit, Walter E. Fernald State School, Waverley, Mass.)

Postnatal and natal cerebral injuries; neuropathological and neurosurgical aspects, by Clemens E. Benda and Gian-Fortunat Hoessly. A.M.A. Arch. Neurol. & Psychiatry. Sept., 1956. 76:3:236-246. Reprint.

BRAIN INJURIES (continued)

A presentation of case histories and their analysis illustrate the considerable role played by injuries to the brain at time of birth and in early life in the production of mental disorders of childhood, so-called "cerebral palsies," blindness, and mental deterioration. Early diagnosis of brain injuries in infancy and childhood is discussed. A more active neurosurgical approach to problems presented by brain injuries is suggested (See #213.)

167. Bradley, Charles (3181 S.W. Sam Jackson Park Rd., Portland 1, Ore.)

Organic factors in the psychopathology of childhood. 23 p. Reprint.

In: Hoch, P.H., & Zubin, J. Psychopathology of childhood. New York, Grune & Stratton, 1955. Ch. 6, pp. 82-104.

A consideration of the psychopathologic manifestations of organic factors (those stemming from damage to, structural changes in, or disordered physiologic action of the brain as a physical structure) and the specific sequelae of brain damage, such as mental retardation, cerebral palsy, impaired vision, and other sensory and motor handicaps. A review of the literature on general behavior patterns in the brain-damaged, psychologic test performance, primary and secondary symptoms and the hypotheses of their origin, diagnosis and treatment implications is made. Factors in determining prognosis are considered. 35 references.

168. Waters, Thomas J.

Recent research on somesthetic effects of brain injury. Training School Bul. Dec., 1956. 53:8:212-226.

A report of a survey of psychological studies in the area of sensation and perception made since 1950-51. Discussed are tactile studies (including weight-size discrimination), those concerned with congenital lack of pain sense and localization, and studies in which the behavioral and psychological effects of brain damage were secondary to the study of excision of specific areas. 45 references.

See also 223.

BRAIN INJURIES--MEDICAL TREATMENT

169. Zimmerman, Frederic T. (11 E. 68th St., New York, N.Y.)

Explosive behaviour anomalies in children on an epileptic basis. N.Y. State J. Med. Aug. 15, 1956. 56:16:2537-2543. Reprint.

A report on 200 children and adolescents, all of whom had serious behavior problems and the predominant cluster of periodic, erratic, impulsive, paroxysmal, explosive behavior standing out against a wide variety of personality problems. No frank convulsions were noted in any case, but electroencephalograms of all were abnormal and included features found among patients with generalized seizures. Anticonvulsant medication was given with improvements resulting in 70 per cent of the cases. Of the remainder, 5 per cent showed worse behavior following therapy. The nature of behavior change consisted of a reduction of excessive reaction and less intense response. Certain positive factors warrant the inclusion of this group of children in the diagnostic category of epileptic equivalents.

BRAIN TUMOR

170. Odom, Guy L. (Duke Univ. School of Med., Durham, N. Carolina)
Brain tumors in children; clinical analysis of 164 cases, by Guy L. Odom, Courtland H. Davis, and Barnes Woodhall. Pediatrics. Dec., 1956. 18:6:856-870.

Reports experiences with 164 cases of brain tumor in patients less than 16 years of age, over a period of 12 years. Clinical findings on incidence, location of tumors, and general pathological classification in this study are compared to those of previous studies. Discussed are the symptoms and neurological findings in supratentorial and infratentorial tumors, roentgenographic changes, pathology and postoperative results in the series of cases. The writers find, from a review of these cases and from those reported in the literature, that the prognosis of brain tumors of childhood is extremely poor, with the single exception of cystic astrocytomas of the cerebellum. Factors, other than malignancy, which are responsible for the poor prognosis are discussed. 47 references.

CAMPING

171. Crawford, Mary Edison
Provide the handicapped with a rich camp experience. Camping. Dec., 1956. 28:9:18.

A brief discussion of ways in which needs of handicapped campers can be met, of adapting the program to their limitations, of staff attitudes toward handicapped campers, and the need to reassure the handicapped that they may return to camp the following year and experience the satisfying activities adapted to their needs. The author worked for several years as camp director for the Cleveland Rehabilitation Center.

CEREBRAL PALSY

172. Brower, Lester M.
Factors inhibiting progress of cerebral palsied children. Am. J. Occupational Ther. Nov.-Dec., 1956. 10:6:293-295.

Perceptual disturbances which give rise to psychological abnormalities in the brain damaged child, perseveration, thinking and behavior disorders, and particular abnormal reactions seen in the learning process are discussed. Several methods for overcoming difficulties of preschool perceptually disturbed children are described briefly. The occupational therapist assumes the dual role of therapist and teacher when dealing with self-help skills in cerebral palsy.

CEREBRAL PALSY--GREAT BRITAIN

173. Barrett, Norah M.
The welfare of the adult spastic. Spastics' Quart. Dec., 1956. 5:4:11-14.
The welfare officer of the Midland Spastic Association, Great Britain, describes services of that organization to aid adolescent and adult groups of the cerebral palsied. They include: training for employment, counseling by the local unit of the National Youth Employment Bureau, sheltered workshops and homework for the severely incapacitated, residential care, provision of appliances and aids, transportation, social clubs and outings, and craft classes. Statistics on the status of 577 spastics over 15 years of age in Birmingham and the West Midlands region are included.

CEREBRAL PALSY--GREAT BRITAIN (continued)

174. Brown, Sir James

Spastics: The three societies for their welfare. Spastics! Quart. Dec., 1956. 5:4:4-7.

A letter written in October, 1956 to the Archbishop of Canterbury by the chairman of meetings of representatives of the British Council for the Welfare of Spastics, the National Spastics Society, and the Scottish Council for the Care of Spastics. The subject under discussion was the future relations of the three societies with the view of their possible consolidation into one national group. The differences in opinion over which group (parents or professionals) should have final executive authority resulted in dissolution of the meetings without the hoped-for merging of interests.

CEREBRAL PALSY--DIAGNOSIS

175. Francisco, W. David (1200 Huron Bldg., 907 N. 7th St., Kansas City 1, Kan.)

Cerebral palsy; the physical, psychological, and speech status of children seen in the University of Kansas Medical Center Clinic, by W. David Francisco, Margaret C. Byrne, and Miriam Tate Elkin. J. Kan. Med. Soc. July, 1956. 57:7:413-415. Reprint.

Describes the team approach to the treatment of cerebral palsied children at the University of Kansas Medical Center, statistical data on the evaluation of 240 children, manifestations of the condition, and gives an estimate of the probable benefit of additional education and treatment.

"... The largest number of cases, 62%, were classified as spastic. The other 38% were distributed among athetoid, rigidity, ataxia, temor, mixed, and less specific types. According to psychological evaluations, approximately 37% will get along in public school with some additional assistance; 18% need to be in special classes or special schools, and 39% are not going to profit from public school programs. Speech evaluations indicated that 19% of the children have speech within normal limits; 49% need speech therapy, and 32% probably will not develop speech."

See also 234.

CEREBRAL PALSY--EMPLOYMENT

See 272.

CEREBRAL PALSY--EQUIPMENT

See 181.

CEREBRAL PALSY--MEDICAL TREATMENT

176. Greenwood, James, Jr. (1105 Hermann Professional Bldg., Houston 25, Tex.)

Infantile hemiplegia with intractable seizures (treatment by hemispherectomy). Diseases Nerv. System. Aug., 1956. 17:8:255-258. Reprint.

Points out some of the unsolved problems involved in hemispherectomy concerning indications for its use, the technique of operation, and postoperative management. Also presents 3 cases of infantile hemiplegia with intractable convulsions which were treated by hemispherectomy. A fourth case illustrates equally good results from local cortical excision of epileptogenic foci on the non-atrophic side.

CEREBRAL PALSY--MEDICAL TREATMENT (continued)

177. Tachdjian, Mihran O. (Carrie Tingley Hosp. for Crippled Children, Truth or Consequences, N.M.)

Hip dislocation in cerebral palsy, by Mihran O. Tachdjian and William L. Minear. J. Bone and Joint Surg. Dec., 1956. 38-A:6:1358-1364.

The pathomechanics of coxa valga and of hip dislocation in cerebral palsy are discussed. Of a series of 590 patients examined in the past 8 years, 25 (4.24%) showed evidence of dislocation or subluxation of the hip, and of these 23 were spastics. Treatment of the patients and end results are presented. Stressed are the importance of prophylactic tenotomy of the spastic hip abductors and of strengthening the motor power of the cerebral-zero hip abductors by automatic reflex. Dislocation of the hip in cerebral palsy is preventable.

See also 165; 233.

CEREBRAL PALSY--PHYSICAL THERAPY

See 274.

CEREBRAL PALSY--SPEECH CORRECTION

178. Bobrick, Gladis W. (41 W. 83rd St., New York 24, N.Y.)

Speech therapy for cerebral-palsied children. Speech Teacher. Nov., 1956. 5:4:313-319. Reprint.

In her work as a special teacher of speech improvement in the Cerebral Palsy Unit, Public School 85, Bronx, N.Y., and as a private consultant in speech and voice, the writer has had extensive work in speech correction with cerebral palsied children. She discusses here the four factors governing speech therapy techniques in cerebral palsy and how methods vary in teaching children with different types of the disorder. She illustrates her approach to therapy with three case histories of a spastic, an athetoid, and an ataxic type. She stresses that in addition to the basic medical diagnosis and the findings of the team providing multiple services, it is most important for the therapist to establish rapport and provide positive motivation in speech therapy.

CHILDREN--GROWTH AND DEVELOPMENT

179. Prugh, Dane G. (260 Crittenden Blvd., Rochester 20, N.Y.)

Psychological and psychophysiological aspects of oral activities in childhood. Pediatric Clinics N. Am. Nov., 1956. 3:4:1049-1072. Reprint.

Discusses the biological functions of the mouth in the infant, the older child and the adult; the psychological and psychophysiological components of oral functions; disorders in oral functions, including speech disturbances; and the management of psychological aspects of oral functions. The relationship of oral functions to healthy personality development, particularly in relation to the satisfaction of emotional needs of young infants and young children, is considered.

CHILDREN'S HOSPITALS

180. Child Study. Winter, 1956-57. 34:1.

Title of issue: Doctors, hospitals, nurses and children.

Partial contents: The family and the sick child; an editorial. -Rx: "Admit parents at all times," Miriam Hemmendinger. -An experiment in teamwork, Andrew D. Hunt, Jr. -The impact of illness on the child and his family, James Marvin Baty and Veronica B. Tisza. -Where to turn for help with the convalescent child, Edward M. Cohart. -Books for children about hospitals, Ruth Gross and Fannie C. Gittleman. -And some to help parents.

A new philosophy of services in children's hospitals has gradually developed which takes into consideration the needs of the "whole" child, his parents' reactions to the child's illness and hospitalization, and the impact of illness on the family. These articles describe how parents feel about improved services, what professional personnel can do to help the child and his parents, and what community resources are available to the family whose child faces a long period of convalescence at home. A news item reports on interesting new developments in the pediatric programs of various hospitals around the country. A short article and bibliography of books to prepare children for hospitalization and to give guidance to parents of children about to be hospitalized are included.

This issue is available from Child Study Association of America, 132 E. 74th St., New York 21, N.Y., at 65¢ a copy.

CHIROPODY

181. Brachman, Philip R. (25 E. Washington St., Chicago, Ill.)

Problems of locomotion and their treatment in the brain injured child and adult. J. Natl. Assn. Chiropodists. Aug., 1956. 46:8:515-526. Reprint.

An article stating briefly some of the known facts about cerebral palsy and covering those problems with which the chiropodist can cope successfully, both in clinical and private practice. The work presented here covers the author's experience from 1946 to 1956; clinical experience alone covers a three-year period during which Dr. Brachman was associated with the Cerebral Palsy Rehabilitation Center of Mercy Hospital, Chicago, as attending chiropodist. "... 'Skate' therapy was stressed in this article because of the success which has attended the use of this treatment on a limited number of patients...." General foot problems in cerebral palsy, chiropodical care during the formative years, and problems of locomotion are discussed as well. This paper, given at the 1956 annual meeting of the Natl. Assn. of Chiropodists, was accompanied by a 16 mm moving picture film depicting the use of "Skate" therapy on three patients, and was given the First Award, The Wm. J. Stickel Annual Awards for Research in Chiropody for 1956.

CHRONIC DISEASE

182. Breslow, Lester (2180 Milvia St., Berkeley 4, Calif.)

Prevention of chronic illness. Am. J. Public Health. Dec., 1956. 46:12:1540-1542.

In same issue: Health Department services in chronic disease, G. D. Carlyle Thompson, p. 1543-1546.

CHRONIC DISEASE (continued)

Two state health officers, from California and Montana, discuss pioneering work in the field of chronic disease programs as they are currently evolving through cooperation of public health departments and local health agencies. Many areas of public health practice are proving useful in primary and secondary prevention measures in chronic illness. Dr. Thompson summarizes the extent of health department services in existence in the United States in this field, noting possible trends, and discusses preventive activities as a major area where health department leadership might function.

Papers are based on a presentation at the National Health Forum on Chronic Illness, March 22, 1956, sponsored by the National Health Council.

See also 224.

CLEFT PALATE--ETIOLOGY

183. Strean, Lyon P. (15 Washington St., Newark 2, N.J.)

Stress as etiologic factor in the development of cleft palate, by Lyon P. Strean and Lyndon A. Peer. Plastic & Reconstructive Surg. July, 1956. 18:1:1-8. Reprint.

A study of 232 cases of cleft palate was made retrospectively, maternal case histories revealing a high incidence of physiologic, emotional, or traumatic stress at the particular period when the maxillae in the developing embryo were expected to fuse. The writers believe that the excess of circulating hydrocortisone early in pregnancy, secreted by the adrenal cortex in response to stress, was an important factor in the production of congenital abnormality. Correlating data from this study with the results in experimental production of cleft palate in animals, the observations seem highly suggestive.

CLINICS (ITINERANT)--GREAT BRITAIN

184. Dennison, Janet

The place of a mobile physiotherapy service. Rehabilitation. Autumn, 1956. 19:6-8.

Describes briefly the various techniques of physical therapy now included in rehabilitation services, how the mobile unit can bring these services to the homebound, and areas of greatest need in the provision of services.

COLOSTOMY

185. Evarista, M., Sister (St. Elizabeth Hosp. School of Nursing, Covington, Ky.)

The nurse's role in caring for patients with colostomies and ileostomies. Nursing World. Nov., 1956. 131:11:21-23.

It is the responsibility of the nurse to teach colostomy patients the principles and procedures of self-care so that they may be returned to the community as well-adjusted, secure, and independent members of society. The discussion is mainly concerned with specific procedures and measures involved in individual irrigation of the colostomy. The similarities and differences in colostomy and ileostomy care are mentioned briefly.

CONGENITAL DEFECT

186. Andrew, Warren (Bowman-Gray School of Med., Wake Forest Coll., Winston-Salem, N.C.)
Importance of congenital anomalies in medical practice. N. Carolina Med. J. Nov., 1956. 17:11:495-499. Reprint.
A discussion of the incidence, nature and classification of congenital anomalies, anomalies and normal variations, treatment and prognosis in such conditions as spina bifida, cranium bifidum and other anomalies. Factors responsible for congenital malformations--maternal infection, irradiation, reduced oxygen tension, chemical agents, dietary deficiency, and mechanical factors--are evaluated. Families should be advised about the hereditary nature of certain types of anomalies and risks inherent in future pregnancies.

CONGENITAL DEFECT--ETIOLOGY

187. Buchner, F. (Pathologisches Institut der Universitat Freiburg/Br., Albertstr. 19, Germany.)
Human congenital malformations in the light of modern pathology. German Med. M. Sept., 1956. 1:9:261-264.
Translation of the article in the Dtsch. Med. Wschr. 81 (1956) p. 1341.
Current knowledge of factors causing, or relating to the causes of, congenital malformations, including metabolic disturbances in the embryo, genetic and external factors, infectious diseases and vitamin deficiencies, hypoxia and decreased oxidative processes, are reviewed. References.

CONVALESCENCE--RECREATION

188. Flugge, Marjorie (Children's Hosp., Elland & Bethesda Aves., Cincinnati 29, Ohio)
Good time for all, by Marjorie Flugge, Sister Gladys Reidenouer, and Patricia O'Reilly. Am. J. Nursing. Dec., 1956. 56:12:1540-1543.
Describes the recreation program at the Cincinnati Children's Hospital where activities are provided in the ward, in the schoolroom, in the playroom, and on trips within the hospital and to outside points of interest. Movies, luncheon and club groups, birthday and "special day" parties, religious services, and special projects offer opportunity for recreation and socialization. Administration of the program is described.
189. Hartrich, Paulette
Fun for a sick abed child. Parents' Mag. Jan., 1957. 32:1:39-43, 90.
A variety of suggestions for brightening the convalescent child's surroundings while he is still confined to bed, for obtaining his cooperation in the necessary routines of daily living, for making him more comfortable in bed, and for recreational activities and hobbies he can pursue to pass the time more enjoyably. Mrs. Hartrich is the author of "You and your child's health," published in 1955 (see Bul. on Current Literature, Nov., 1955. #1198), from which this material was adapted.

DEAF--RECREATION

See 231.

DEAF-BLIND--EMPLOYMENT

190. Murphey, Jack

A deaf-blind man in the world of work. J. Rehab. Sept.-Oct., 1956. 22:5:14-16.

A letter written by Mr. Murphey to his friends at the American Foundation for the Blind describing his experiences as a gainfully employed deaf-blind person. It is included in the recently published "Training and placement of deaf-blind adults," a booklet issued by the Foundation (see Rehabilitation Literature, Dec., 1956. #1454).

Another article in this issue, "Facing life with a singing heart," p. 8, tells of the education of Robert J. Smithdas, a deaf-blind counselor for Community Relations Dept., Industrial Home for the Blind, Brooklyn. Several poems from his first collection of verse, "My Heart Sings," are included.

DIABETES

See 211.

DRUG THERAPY

See 233.

ELECTROENCEPHALOGRAPHY

191. Skatvedt, Marit (Rikshospitalet, Oslo, Norway)

The significance of electro-encephalographic spike foci in patients with cerebral palsy without epileptic seizures, by Marit Skatvedt and Arne Lundervold. Acta Paediatrica. July, 1956. 45:4:440-443. Reprint.

A report of a study of 236 patients with cerebral palsy at the Department of Pediatrics, Rikshospitalet, Oslo, Norway who have had electro-encephalographic examinations. Since the significance of spike foci in the EEG in patients who have had no clinical epileptic seizures has been considered questionable, the authors report on three cases of the 34 who showed such seizure discharges. In the cases described, epileptic seizures have occurred 2 weeks, 5 weeks, and 2 1/2 years after EEG showed spike foci. In 2 cases the EEG after the seizure showed a considerable increase of epileptogenic activity. Their observations tend to indicate that such spike foci represent an actual danger of later clinical epileptic seizures, even though, as in the one case, a long time may elapse before their occurrence. Constant observation of such patients is urged, although the question of whether or not these patients should be given antiepileptic treatment immediately after the appearance of spike foci remains to be answered.

See also 169.

EMPLOYMENT (GOVERNMENT)

192. U. S. President's Committee on Employment of the Physically Handicapped.

The handicapped in government service: statement of recommended policy. J. Rehab. Sept.-Oct., 1956. 22:5:22.

EMPLOYMENT (GOVERNMENT) (continued)

Presents a revised statement of recommended policy for federal, state and local governmental agencies to insure that full consideration will be given to the physically handicapped in examinations, appointments, and reassignments in employment. The statement was accepted September 17, 1956.

EMPLOYMENT (INDUSTRIAL)--NEW YORK

193. Parenti, Marguerite

Who's disabled? Nursing Outlook, Dec., 1956. 4:12:668-670.

The author, director of industrial nursing at Abilities, Inc., the firm in West Hempstead, N. Y., which was founded by Henry Viscardi, is the only "able-bodied" employee of the concern. She describes the medical services available to handicapped employees and special equipment used to provide them. Future plans for enlarging the scope of medical services in the plant are discussed.

EMPLOYMENT (INDUSTRIAL)--PLACEMENT

194. Watson, Howard J.

Open orders: opportunities to place the handicapped. Employment Security Rev. Dec., 1956. 23:12:17-18.

Techniques and procedures that resulted in more successful placements of handicapped workers and more effective employer relations are reported briefly by the Placement Specialist of the Nebraska State Employment Service.

EPILEPSY

See 176; 191.

EPILEPSY--LEGISLATION

195. Friedman, George Alexander (133 E. 58th St., New York 21, N. Y.)

Epilepsy and the law. Med. Times. Dec., 1956. 84:12:1359-1366.

Legal situations involving the epileptic, with illustrative cases, are briefly discussed. A negligent suit arising from an automobile accident is the most common. Most states regulate the issuance of drivers' licenses to epileptics. In workmen's compensation cases, most jurisdictions regard an injury as compensable even if epilepsy was a factor. In committing a criminal act while under the influence of a seizure, the epileptic is excused from criminal responsibility. In such cases, as in cases to determine whether epilepsy was caused by trauma, the court relies heavily on medical testimony. Many state eugenic laws have not kept pace with medical knowledge of the nature of epilepsy and the efficacy of alleviative drugs. 33 references to legal cases and court decisions.

FRACTURES

196. Rombold, Charles R. (Wichita Clinic, 3244 E. Douglas, Wichita 8, Kan.)

Rehabilitation; restoration of function after fractures is an important and sometimes neglected feature of their treatment. J. Kan. Med. Soc. July, Aug., Sept., & Oct., 1956. 57:7, 8, 9, & 10. 4 pts. Reprint.

Summarizes the various factors requiring evaluation in fracture cases presenting less than perfect end results. Discussed are: post-traumatic dystrophy, delayed union, nonunion in various types of fractures, malunion, aseptic necrosis, limited motion in joints, nerve damage, ischemic contractures, osteomyelitis, decubiti, fractures in children, and the psychic complications. Management, considerations in treatment, and rehabilitation measures are discussed.

GIFTED CHILDREN

197. Klausmeier, Herbert J. (Univ. of Wisconsin, Madison, Wis.)

The gifted; what will they become? Phi Delta Kappan. Dec., 1956. 38:3:112-116.

In the education of the gifted, goals to strive for in the area of intellectual achievements, social competence, and moral values are defined. The writer proposes 9 steps applicable to many situations pertaining to education from kindergarten through high school which would aid in achieving the goals set forth. He does not believe that there is one best way to identify, motivate and provide for gifted children; educational solutions must be considered by parents and educators in the light of individual differences and are based on the kind of individual one hopes will result from cooperative efforts.

GUIDANCE

198. Strang, Ruth (Teachers Coll., Columbia Univ., New York, N.Y.)

The counselor's contribution to the guidance of the gifted, the under-achiever, and the retarded. Personnel and Guidance J. Apr., 1956. 34:8:494-497.

A definition of the counselor's role and responsibility in identifying exceptional children in schools, techniques used in counseling, teacher-counselor relationships, and professional attitudes of the counselor. The use of the interview, case conference, and community resources in counseling work with exceptional children is discussed briefly.

HANDICAPPED--EQUIPMENT

199. Krans, Wilma (Inst. of Phys. Med. and Rehab., 400 E. 34th St., New York 16, N.Y.)

Vertical hoist device for wheel chairs. Phys. Therapy Rev. Dec., 1956. 36:12:813-814.

Briefly described is a hoisting device with which a person in a wheel chair can raise or lower himself between the first and second floors of his home. A 1/4-ton Budget hoist is secured to the attic beams, a hole for the cable is cut in the attic floor, and trap doors are installed in the ceiling of the first floor. The cost is about \$150.

HARD OF HEARING

200. Fox, Meyer S. (208 E. Wisconsin Ave., Milwaukee, Wis.)

Occupational deafness. J. Am. Med. Assn. Dec. 1, 1956. 162:14:1273-1276.

Occupational deafness, caused by trauma or exposure to intense sound such as explosions, gunfire, or blasts, calls for the active interest and participation of otolaryngologists in various aspects of the problem. Audiograms made before or during the course of employment are an essential part of a hearing conservation program, and useful as well for medicolegal purposes. Medical supervision is important in the collecting of facts needed to conserve the hearing of workers and to protect employers from ill-founded claims.

HARD OF HEARING--MENTAL HYGIENE

201. Simmons, John S. (555 Ridgewood Lane, Pasadena 3, Calif.)

Social integration of preschool children having hearing problems. Sociol. & Soc. Research. 1955. 40:99-101. Reprint.

A report of findings in a study of preschool children with a threshold loss for hearing speech, observed for differences in four behavior patterns related to their social integration. Their regard for the teacher in terms of affection, as a person of authority, their relationship to other children and their leadership tendencies were rated. Children with hearing problems seemed to seek less affection from the teacher but responded to her as a person of authority in almost the same manner as normal hearing children. Although half the experimental group were observed in solitary play it was not because they wished to play alone; they often sought out the opportunity to play with others. Behavior disturbances may be set in motion by the hearing problem; further research on developmental problems affecting the mental, emotional, and social growth of these children is needed.

HARD OF HEARING--SPECIAL EDUCATION

202. Bender, Ruth E.

The case of the child with a mild hearing impairment. Elementary School J. Jan., 1957. 57:4:224-225.

When the child with a mild hearing loss is placed in the regular community school, teachers and parents often in time forget that he is carrying an extra burden in his attempt to compete with normal hearing children. The writer urges more tolerance and understanding of the child and his handicaps, with less pressure on him to meet normal standards as quickly as nonhandicapped children.

HEART DISEASE

203. Goldwater, Leonard J. (600 W. 168th St., New York 32, N.Y.)

Present status of cardiac rehabilitation. J. -Lancet. July, 1956. 76:7:196-200. Reprint.

HEART DISEASE (continued)

Briefly reviews the progress of cardiac rehabilitation since interest in the field first became apparent 40 years ago. Dr. Goldwater asserts that the family physician is qualified to assume responsibility for correct diagnosis, carrying out the proper medical and surgical therapy, to handle social and emotional problems of the patient and give advice on daily living activities. Appraisal and guidance in relation to employment often call, however, for assistance from specialized workers outside the medical profession. The practical plan of Work Classification Units can help to meet the need for employment counseling of cardiacs (a table of such units in existence and the dates of their establishment is included). Briefly mentioned are the place of the sheltered workshop in cardiac rehabilitation, work simplification schemes for the cardiac housewife, rehabilitation of the farmer, government activities in cardiac rehabilitation, problems involving workmen's compensation, and current research needs.

HEART DISEASE--MENTAL HYGIENE

204. Bellak, Leopold (Altro Health and Rehab. Services, 71 W. 47th St., New York 36, N. Y.)

Psychological aspects of cardiac illness and rehabilitation, by Leopold Bellak and Florence Haselkorn. Soc. Casework. Dec., 1956. 37:10:483-489. Reprint.

A discussion of the general psychological impact of illness, specific problems of cardiac illness, criteria for evaluating potentials for rehabilitation, and psychotherapeutic aspects of cardiac rehabilitation. The information given here is based in part on findings of a study of the factors leading to success or failure in the rehabilitation of cardiacs; the data suggest valuable lines of inquiry.

HEMIPLEGIA

205. Bruell, Jan H. (Highland View Cuyahoga County Hosp., Harvard Rd., Cleveland 22, Ohio)

Disturbances of perception of verticality in patients with hemiplegia; a preliminary report, by Jan H. Bruell, Mieczyslaw Peszczyński, and George W. Albee. Arch. Phys. Med. and Rehab. Nov., 1956. 37:11: 677-681.

Presents preliminary findings established in the testing of hemiplegic patients in a situation involving the visual perception of verticality, which would seem to suggest that the abnormal reactions of hemiplegics in this situation is related to their particular involvement. The implications of this experiment in the rehabilitation of hemiplegic patients are considered. There are some indications that gait training is more successful in those patients whose space perception does not differ greatly from that of normal persons.

HEMIPLEGIA (continued)

206. Droller, H. (Geriatric Unit, St. James Hosp., Leeds, England)

The out-patient treatment of hemiplegic patients; experience of a follow-up clinic. Occupational Ther. Nov., 1956. 19:4:125-132.

Reprinted from: Medical Press.

In a previous study by the author (see Rehabilitation Literature, Aug. & Nov., 1956, #957, 1348), it was shown that one-third of all elderly hemiplegic patients admitted to the Geriatric Unit, Leeds, could ultimately be discharged to their homes or to hostels of the Local Authority. This article deals with 83 patients discharged during 1952-53 and who have been under constant supervision at a special follow-up clinic for 3 years. Clinical methods employed in their rehabilitation are discussed and data are included on their health status, mortality rates, and their reactions to treatment. The means of sustaining home morale through close contact with the hospital are discussed.

HIP

207. Cordrey, Lee J. (2073 Abington Rd., Cleveland 6, O.)

Description and management of paraosteoarthropathy in the hemiplegic patient. J. Chronic Diseases. Dec., 1956. 4:6:600-606.

Paraosteoarthropathy, a relatively uncommon complication which may occur about the hip in any neurologic disease and produces paralysis and diminished sensation of the lower extremity, has been previously unreported in the hemiplegic patient. The problem of treatment of these patients has not been instability of the joint but ankylosis in malposition. The author reviews laboratory and roentgenographic findings, the classification of cases seen at the Cuyahoga County Hospital for Chronic Disease, and the considerations for active orthopedic measures in these patients. Nursing and surgical care are discussed.

See also 177.

HOMEBOUND--OCCUPATIONAL THERAPY

208. Weaver, Joan H.

Home aspects of domiciliary occupational therapy with physically handicapped. Occupational Ther. Nov., 1956. 19:4:120-124.

Realistic schemes for aiding the handicapped should aim at achieving as much independence for the handicapped person as possible, both personal and economic. The writer discusses psychological reactions caused by disability, family attitudes, and the problems involved in caring for the disabled. Brief case histories illustrate some problems of the handicapped and how they were solved by supplying gadgets, aids, and various kinds of homework. The disposal of homework is mentioned briefly. The writer is Head Occupational Therapist for the City of Birmingham Welfare Department (England).

HOSPITALS

209. Block, Louis (Div. of Hosp. and Med. Facilities, U.S. Public Health Serv., Washington 25, D.C.)

Prototype study: 100 bed hospital. Mod. Hosp. Dec., 1956. 87:6: 91-94, 96, 98, 100, 102.

An expanded study analyzing operations in greater detail than previously. Useful to hospitals in this size group for self-evaluation and as a guide to administrative planning, it represents the composite or average of existing statistical data. It does not reflect affiliated services with other hospitals and sources. Charts, graphs, and tables with brief explanatory text set forth data on bed distribution, utilization, services, financial aspects, personnel, various departments, medical staff, accounting practices, admitting policy, public relations, and other pertinent statistics on all phases of administration.

HOSPITALS--SOCIAL SERVICE DEPARTMENTS

210. Council of Social Agencies of Buffalo and Erie County (New York) (921 Genesee Bldg., Buffalo 2, N.Y.)

Guideposts to practice for hospital and clinic social service departments. Buffalo, N.Y., The Council, 1956. 12 p. Mimeo.

In this booklet compiled by a special committee of the Council of Social Agencies, Buffalo, from information supplied by hospital social service departments in an agency self-study project, principles of operation and practice are set forth as guides to those establishing similar departments or to those already existing. Covers briefly all administrative aspects of the department--organization, budgeting, physical facilities, record keeping, staffing guides, use of volunteers, personnel practices, functions of the department, interprofessional and community relationships.

INSURANCE (LIFE)

211. Montgomery, R. C.

The truth about life insurance. ADA Forecast. Jan.-Feb., 1957. 10:1:1-4.

Life insurance is available to diabetics under certain conditions; the writer discusses six factors which influence the granting of insurance to persons with this disease. When an evaluation of the individual's condition is made, he may be classified either as a good diabetic risk, insurable at the lowest diabetic rate or as an underaverage diabetic risk subject to higher premium rates. The diabetic with very poor control often finds he is uninsurable.

LARYNGECTOMY

212. Jesberg, Norman (Los Angeles Eye and Ear Hosp., 500 S. Lucas Ave., Los Angeles 17, Calif.)

Speech after laryngectomy. Med. Times. Dec., 1956. 84:12:1312-1314.

The surgical problem and the speech rehabilitation program are briefly reviewed. Almost any laryngectomized patient, if he has good hearing, can learn esophageal speech, as attested by the nearly 200 patients at the Los Angeles Eye and Ear Hospital.

MENTAL DEFECTIVES

213. Benda, Clemens E. (Research Unit, Walter E. Fernald State School, Waverley, Mass.)

Psychopathology of mental deficiency in children, by Clemens E. Benda and Malcolm J. Farrell. 26 p. Reprint.

In: Hoch, P. H., & Zubin, J. Psychopathology of children. New York, Grune and Stratton, 1955. Ch. 5, p. 56-81.

Describes some of the aims of research in mental deficiency and presents clinical data based on 267 cases of mental deficiency in which microscopic studies were completed after autopsy. An attempt was made to establish what kind of nervous system the mental defective possesses and factors which have interfered with completion of the nervous system, defects of which were discovered at autopsy. Discussed are: prenatal disorders--congenital malformations and mongolism, infectious diseases of childhood causing mental deficiency, metabolic disorders, neoplastic malformations, and the problematic category classed under the term "oligoencephaly." Extrinsic factors, rather than genetic factors, play a paramount role in the production of mental deficiency. (See #166.)

See also 221; 275.

MENTAL DEFECTIVES--ETIOLOGY

See 153.

MENTAL DEFECTIVES--PARENT EDUCATION

214. U. S. Children's Bureau

The child who is mentally retarded. Washington, D.C., Gov't. Print. Off., 1956. 23 p. (Children's Bur. folder no. 43-1956)

A small pamphlet for parents, describing in lay terms the causes and signs of mental retardation, what parents can do to give the retarded child proper care and training, sources of help to parents of these children, and discussing the question of placement away from home.

Available from U.S. Superintendent of Documents, Government Printing Office, Washington 25, D.C., at 10¢ a copy.

MENTAL DISEASE

215. Whiteley, J. Stuart

Rehabilitation in psychiatry. Rehabilitation. Autumn, 1956. 19: 15-21.

Discusses the concept of work, recreational, and social therapies in the rehabilitation of psychiatric cases, its use in ancient times, and its application to the treatment of patients in Great Britain in mental hospitals, in outpatient clinics, and sheltered workshops and communities. Similar practices in other European countries are mentioned. The author envisions a time in the future when psychiatric care will be given outside the mental hospital and in the community.

MENTAL DISEASE--GREAT BRITAIN

216. Jones, Maxwell (Social Resettlement Unit, Belmont Hosp., Sutton, Surrey, Eng.)

Industrial rehabilitation of mental patients still in hospital. Lancet. Nov. 10, 1956. 271:6950:985-986.

Describes the work program of industrial rehabilitation units established by the Ministry of Labour and National Service in England and their utilization in the rehabilitation of mental patients. The experiment of allowing mental patients to attend these units while still under treatment in psychiatric institutions has been justified by the results; patients have almost as good prospects for rehabilitation as other patients attending the units for medical or surgical conditions.

MENTAL DISEASE--EMPLOYMENT

217. Riemer, Delilah (V.A. Hosp., Bedford, Mass.)

Community employment project; an intermediate rehabilitation programme for neuropsychiatric patients. Brit. J. Phys. Med. Dec., 1956. 19:12:269-272.

The author points out a variety of programs utilized in neuropsychiatric hospitals for bridging the gap between hospital level rehabilitation and adjustment in the community. The "Community Employment Project" in operation at the Bedford (Mass.) V.A. Hospital is similar to others reported in the literature. At present 38 patients are participating in the intermediate rehabilitation program which allows them to work in the community alongside of regular workers. For this work they receive standard wages and learn to adjust to actual working conditions. Administration of the program is described.

218. Rudd, J. L. (V.A. Hosp., Brockton, Mass.)

Industrial therapy in a member-employee hospital, by J. L. Rudd and Reuben J. Margolin. Am. Arch. Rehab. Ther. Dec., 1956. 4:4:225-230.

Industrial therapy is employed in the Member-Employee program at the Veterans Administration Hospital, Brockton, Mass., as a therapeutic measure with psychiatric patients to develop the rehabilitation potential of each. Both group and individual work assignments are utilized. The administration of the program is described here and in articles previously annotated in Rehabilitation Literature, Feb., 1956, #200 and in Bulletin on Current Literature, Dec., 1955, #1274.

MUSCLES--TESTS

219. Doyle, Bernard J. (V.A. Hosp., 150 S. Huntington Ave., Boston 20, Mass.)

Clinical application of electromyography. Arch. Phys. Med. and Rehab. Dec., 1956. 37:12:748-754.

"Although electromyographic recordings have been made for almost 50 years and the coaxial needle has been used for over 25 years, electromyography is not in as general use today as was expected... It is hoped

MUSCLES--TESTS (continued)

that this paper will lessen the confusion concerning electromyographic examinations and the findings in certain pathological conditions." The types of clinical instruments available are discussed briefly; normal and abnormal findings are presented in outline form. Some practical clinical considerations are also presented. 13 references.

220. Williams, Marian (Div. of Physical Therapy, Stanford Univ., Stanford, Calif.)

Manual muscle testing, development and current use. Phys. Therapy Rev. Dec., 1956. 36:12:797-805.

A paper read at the Second World Congress of the Confederation for Physical Therapy, New York, June, 1956. Presented is a brief historical survey, including procedures adapted for use in recent large-scale poliomyelitis studies; current practices as reported by a questionnaire survey obtained from 51 physical therapists in 22 states; and, finally, some considerations regarding techniques and interpretation of manual grading procedures. 52 references.

MUSCULAR ATROPHY

221. Gibson, Robert (Manitoba School, Portage la Prairie, Manitoba, Canada)

Peroneal muscular atrophy with mental defect and myopathy in siblings. Brit. Med. J. Dec. 1, 1956. 5004:1281-1283.

"Three out of 5 siblings have been recorded as having a progressive muscular wasting beginning in the feet and associated with marked mental defect. In the 2 cases examined the pattern was characteristic of peroneal muscular atrophy, with some additional features only occasionally described in the disease."

MYASTHENIA GRAVIS

222. Teng, Paul (4 E. 89th St., New York, N. Y.)

Studies in myasthenia gravis: neonatal and juvenile types, by Paul Teng and Kermit E. Osserman. J. Mt. Sinai Hosp. Sept.-Oct., 1956. 13:5:711-727. Reprint.

Presents an analysis of 217 cases of myasthenia gravis in children, 196 from the literature and 21 from the Myasthenia Gravis Clinic of Mt. Sinai Hospital, New York. Of the total group, 27 cases were of the transient neonatal type; the remainder, juvenile type. Incidence, clinical signs and symptoms, natural course of the disease, diagnosis, and treatment in neonatal myasthenia gravis are discussed. Data on 19 cases of juvenile myasthenia gravis from the Clinic are summarized. Thymectomy in children is considered

NEUROLOGY

223. Berlin, Irving N. (731 Buena Vista Ave., San Francisco 17, Calif.)

A review of some elements of neurology. Soc. Casework. Nov. & Dec., 1956. 37:9: & 10. 2 pts.

NEUROLOGY (continued)

In Part I certain aspects of neurophysiology, neuroanatomy, and the neurologic disorders are covered. Part II reviews briefly general symptoms of the several large categories of such disorders, as well as those neurologic disorders which have important emotional aspects, i.e., cerebral palsy, mental deficiency, migraine headache, and epilepsy. Casework considerations in working with persons with neurologic diseases are discussed.

NURSING

224. Phillips, Elisabeth C.

Nursing aspects in rehabilitation and care of chronically ill. New York, Natl. League for Nursing, 1956. 44 p. (League Exchange, no. 12) Mimeo.

Reprinted in Canad. Nurse J. July-Oct., 1956.

The four papers included in this publication were first given at an institute sponsored by the Dalhousie University School of Nursing, Halifax, Nova Scotia in March, 1956, and deal with the challenge to nursing presented by care of the chronically ill and aged.

Contents: Impact of chronic illness. -What it means to be old. -The role of the nurse in rehabilitation. -Changing attitudes.

Available from Natl. League for Nursing, 2 Park Ave., New York 16, N.Y., at \$1.00 a copy.

See also 193.

OLD AGE

225. American Medical Association

(Symposium on rehabilitation before the Joint Meeting of the Section on Orthopedic Surgery and the Section on Physical Medicine at the 105th Annual Meeting of the... June 14, 1956). J. Am. Med. Assn. Dec. 22, 1956. 162:17:1511-1526.

Contents: Some problems of nutrition in the aged, Austin B. Chinn. - Arthritis in the aged, L. Maxwell Lockie and John H. Talbott. -Fractures in the aged, Carter R. Rowe and Robert C. Detwiler. -Mental reaction to trauma and hospitalization in the aged, Edward M. Litin. -Physical measures in the aged, Donald L. Rose, Edward B. Shires, and William S. Alyea.

Discussions in the Symposium on Rehabilitation covered the importance of nutrition in the rehabilitation of older chronic illness patients; therapy in various forms of arthritis in the aged; treatment of fractures in the aged; serious mental disorders which physical trauma and hospitalization can cause in the elderly patient; and two physical aspects of disability in the aging--habitual underventilation and inadequacy of ambulation.

226. Public Health Rep. Dec., 1956. 71:13:1167-1225.

"...Material selected for its relation to a single theme: the responsibility of the health professions for the aged population..."

OLD AGE (continued)

Contents: Programs for the aged, Leroy E. Burney. -Trends in gerontology, William B. Kountz. -Psychological limitations that occur with age, James E. Birren. -Changes in nervous system with age, Harry H. Wilcox. -Physiological limitations and age, Joseph A. Falzone, Jr. and Nathan W. Shock. -Restorative services for older people, U.S. Public Health Service. -Age changes and employability, L. F. Koyl. -(Reports of workshops and seminars), University of Michigan Conference on Aging, 1956. -Toward improved health for the aging, Federal-State Conference on Aging, 1956. -Rural health survey of men over forty, John Pemberton and Kenneth I. E. MacLeod. -Blindness among the aged, Nedra B. Belloc.

Discussed are public health programs for the aging, trends in gerontology (in the five papers from the research seminar at the University of Michigan Conference on Aging), and recommendations of the first Federal-State Conference on Aging which have value for public health agencies. The last two article are privately contributed reports of a survey made in 1955 of the health status of men over 40 in a rural community and a survey to determine the prevalence of blindness among the aged in a sample population in California.

227. Shock, Nathan W. (Natl. Heart Institute, Natl. Institutes of Health, Bethesda, Md.)

Progress in the field of gerontology. New Outlook for the Blind. Nov., 1956. 50:9:343-351.

Gerontology, the science of aging, is a broad field encompassing not only the basic studies of the biological nature of the aging process but also the complex problems of social and economic life generated by the increasing numbers of the aging in the population. Dr. Shoch reviews basic research in biology, in the physiological and psychological aspects of aging, and in the social and economic problems. Also discussed is the development of resources for action programs on the local and national level. Bibliography of 31 references.

OLD AGE--EMPLOYMENT--GREAT BRITAIN

See 276.

PARAPLEGIA--EMPLOYMENT

228. Clifton, Earl (V.A. Hosp., Long Beach, Calif.)

Quadriplegics can work. Am. Arch. Rehab. Ther. Dec., 1956. 4:4:230-238.

Based on ten years of observation in actual work with quadriplegic patients, this article illustrates how the manual arts therapist can aid in the construction of assistive devices for these patients. Often in the development of self-help devices, the patient suggests ideas which should be incorporated in his own personal device. Interpersonal relationships between patient and therapist should produce good rapport if results are to be achieved in helping the patient to adjust to his disability. The author suggests job possibilities and modifications to machinery which make employment possible for the quadriplegic.

PARAPLEGIA--MEDICAL TREATMENT

See 270.

PARENT EDUCATION

229. Lebensohn, Zigmond M. (1712 Rhode Island Ave., N.W., Washington 6, D.C.)

Personality variants in the parents of the handicapped child. G.P. (General Practitioner). Dec., 1956. 14:6:86-90. Reprint.

The fifth and last in a series sponsored by the District of Columbia Society for Crippled Children, this article deals with the importance of parental attitudes in helping the handicapped child cope with his problems. In treating the handicapped child, a thorough knowledge of the environment in which he lives--with emphasis on parents--is as necessary as study of the specific handicap. Various reactions of parents are considered, as well as the effect they have on the child's growth and development, physically and mentally. A bibliography accompanying the article is not included in the magazine but is available from the Editorial Offices of G.P., Volker Blvd. at Brookside, Kansas City 12, Mo.

PHILANTHROPY

230. Russell Sage Foundation (505 Park Ave., New York 22, N.Y.)

Report of the Princeton Conference on the history of philanthropy in the United States. New York, The Foundation, 1956. 84 p. \$1.00.

Historians and specialists in related fields met on February 3 and 4, 1956, to discuss historical research in American philanthropy. Eight of the authorities are associated with universities, two represented the Ford Foundation and two, the Russell Sage Foundation. The two days of discussion, shared information, speculation, and debate covered cultural differences in the formation and support of voluntary agencies for philanthropic objectives, the motives and impact on various aspects of American life, the need for broad studies of the history of philanthropy, patterns suggested for studying the history in its many aspects, and methods for stimulating research. The appendixes include a listing of types of studies that might usefully be undertaken, a topical outline of American philanthropy, and an extensive bibliography in philanthropy (p. 41-84).

PHYSICAL EDUCATION

231. Hoffman, Sandy

Physical education is for the deaf, too. Texas Outlook. Dec., 1956. 40:12:16-17.

A physical education teacher tells of her experiences and observations during her student-teaching at a school for the deaf. Residential students participate more actively in intramural programs; activities included in the physical education program are described. Some problems encountered in teaching the deaf, mostly due to intercommunication difficulties and to the deaf person's inability to express knowledge in words or complete sentences, are discussed.

PHYSICAL EDUCATION (continued)

232. Wolfin, A. A.

Physical education is neglected. Special Schools J. Nov., 1956. 45:4:13-15.

The desire for and need to excel in physical activity are universal; the writer deplors the lack of adapted physical education in schools for the physically handicapped. Objectives of physical education for the handicapped are discussed as well as adaptations which can be used in standard games to provide the opportunity for learning skills.

PHYSICAL EFFICIENCY

233. Millichap, J. Gordon (Dept. of Pediatrics, Albert Einstein Coll. of Med., New York, N.Y.)

Quantitative assessment of motor function in cerebral palsy; evaluation of zoxazolamine (Flexin), a new muscular relaxant drug, by J. Gordon Millichap and Ruth Hadra. Neurology. Dec., 1956. 6:12:843-852.

A report of a study to determine reliable quantitative methods for the examination of children with motor system disturbances and to apply these test procedures for the objective evaluation of new drugs in the treatment of cerebral palsy. Of the 10 patients studied, 4 had spasticity of the quadriplegic type; 2, spasticity of the hemiplegic type; and 4, athetosis. They ranged in age from 8 to 18 years, with sexes equally represented. The value of the tests so determined was demonstrated in the controlled evaluation of muscular relaxant drugs. A method is described for the assessment of improvement in performance due to practice and for the exclusion of this factor in evaluation of treatment. Zoxazolamine (Flexin) was administered for one month, resulting in small but significant improvement in 6 patients. Reserpine and chlorpromazine were given limited trials.

234. Tradieu, G.

La notion d'age fonctionnel; son utilisation dans l'education therapeutique des infirmes moteurs cerebraux, by Tardieu and C. Monfraix. Revue du Practicien. July 11, 1956. 6:20:2244-2250. Reprint.

A guide to the assessment and diagnosis of the motor development of the cerebral palsied child and his ability to carry out daily living activities. Article is in French.

PHYSICAL THERAPY

See 277.

POLIOMYELITIS

See 220; 258; 278.

POLIOMYELITIS--STATISTICS

235. Dauer, Carl C. (Natl. Off. of Vital Statistics, U.S. Public Health Service, Washington 25, D.C.)

The changing age distribution of paralytic poliomyelitis. Annals, N.Y. Acad. Sciences. Sept. 27, 1955. 61:4:943-955. Reprint.

POLIOMYELITIS--STATISTICS (continued)

This report shows, in considerable detail, changes in age distribution of paralytic poliomyelitis which have occurred in Massachusetts since 1953. This was the one state from which reasonably complete information of the different types of the disease was available, covering a sufficiently long period of time and tabulated in detail by age groups. Data from Maryland from 1925 to 1951 inclusive made it possible to determine trends in that area. Data presented confirm previous reports that incidence of this form of poliomyelitis under 5 years of age has decreased when compared with the 5-to-9 age group. Since 1940 there has been a relative increase in attack rates in persons 20 years or over. Data for shorter periods of time for other areas are used to illustrate similar or divergent trends. (See #278.)

PREMATURE BIRTH

236. Prematurity and intelligence. Brit. Med. J. Dec. 8, 1956. 5005:1353-1354.

An editorial pointing out conflicting findings of studies on prematurity and its effects on intelligence. It discusses in particular a study by J.W. B. Douglas reported in the British Medical Journal in 1956, and urges further research to be conducted along the lines of this study in an attempt to assign premature children more accurately to weight groups according to cause of their light birth weight.

PSYCHIATRY

237. American Psychiatric Association (1785 Massachusetts Ave., N.W., Washington, D.C.)

Psychiatry, the press, and the public; problems in communication. Washington, D.C., The Assn., 1956. 66 p.

A report of a conference on the special problems of communicating psychiatric subject matter to the public, organized and conducted by the American Psychiatric Assn. in cooperation with the Natl. Assn. of Science Writers and the Niemann Foundation for Journalism, at Swampscott, Mass, June 24-26, 1955. Reviewed were existing objective data and empirical observations concerning public attitudes about psychiatry and mental illness; the special characteristics of psychiatric subject matter that prevent or inhibit its useful communication to the public; specific difficulties encountered by public communication specialists and psychiatrists attempting to work together; and a critical evaluation of public relations techniques in relation to psychiatry.

PSYCHOLOGICAL TESTS

238. French, Joseph (Univ. of Nebraska, Lincoln, Neb.)

A critical study of the Columbia Mental Maturity Scale, by Joseph French and D.A. Worcester. Exceptional Children. Dec., 1956. 23:3:111-113, 131-132.

PSYCHOLOGICAL TESTS (continued)

A paper reporting on the relationship and differences between scores from the Columbia Mental Maturity Scale and the Stanford-Binet when used with a group of mentally retarded, but physically average, children residing in Nebraska. The same relationship and differences when the scales were used with Nebraska children of average physical and mental ability were also investigated. Suggestions, empirically derived, are offered for improving the scale. The authors do not believe that the CMMS should be used independently in its present form with mentally retarded children. When it is used, results should be interpreted with great care.

239. Levy, Nissim M. (Dept. of Psychology, Brown Univ., Providence 12, R. I.)

Concept learning in the educationally retarded child of normal intelligence, by Nissim M. Levy and Joseph M. Cuddy. J. Consulting Psych. Dec., 1956. 20:6:445-448.

Using a concept-formation problem to measure the impairment in learning attributable to motivation and emotional difficulties, the authors tested 23 pairs of fourth-grade pupils defined as normal achievers and underachievers. Findings revealed that the normal achievers, in 18 of the 23 pairs, made fewer errors than their matched underachievers; every measure of learning used demonstrated a significance in performance between the two groups. It is thought that the study has implications for detecting potential underachievers in preschool or first grade.

PSYCHOLOGY

240. Gronlund, Norman E. (Dept. of Education, Univ. of Ill., Urbana, Ill.)

The reliability of social-acceptability scores using various sociometric limits, by Norman E. Gronlund and Fred P. Barnes. Elementary School J. Dec., 1956. 57:3:153-157.

Discusses the use of sociometric techniques by classroom teachers, and how results are employed in organizing group activity, in studying interpersonal relationships, and to determine the relative social acceptability. The authors report findings of a study investigating the reliability of sociometric results, factors influencing results, nature of the sociometric question asked, and number of choices allotted. Implications of the study for elementary-school levels are considered.

241. Miller, Helen Parrish (Richmond Professional Inst., Coll. of William and Mary, Richmond, Va.)

Motivation and personality development. Am. J. Occupational Ther. Nov.-Dec., 1956. 10:6:296-297, 310-311.

A discussion of the major theories of motivation as conceived by Freud, Horney, Adler, and Maslow and as they relate to personality development. It would be false to assume, the writer believes, that motivation alone is the sole determinant of personality development. Most of a person's behavior seems to develop as a result of the interaction of multiple motivation, environment, and a number of other variables.

PSYCHOLOGY (continued)

242. Miller, Robert V. (Coll. of Education, Univ. of Ill., Urbana, Ill.)

Social status and socioempathic differences among mentally superior, mentally typical and mentally retarded children. Exceptional Children. Dec., 1956. 23:3:114-119.

A study concerned with the determination of any significant differences which might exist between mentally superior, mentally typical, and mentally retarded children in regular (non-special) upper elementary classrooms with sociometrically ascertained social status and certain socioempathic abilities. The implications of the findings of this study could be considered for special classes for the two deviant groups. Other studies relevant to this area are reviewed.

See also 168; 179; 204.

PUBLIC ASSISTANCE--WASHINGTON

243. Oliver, E. M. (Div. of Voc. Rehabilitation, Olympia, Wash.)

Vocational rehabilitation for the nondisabled. J. Rehab. Sept. - Oct., 1956. 22:5:4-5, 12.

In an attempt to reduce the number of persons dependent on public assistance, the State of Washington last year passed a bill establishing the Nondisabled Vocational Rehabilitation Program to provide services for individuals unable to adjust to the labor market but not eligible for rehabilitation services under the general vocational rehabilitation agency. Discussed are the reasons for the law, eligibility requirements, coordination of agency services and services rendered by each agency. Results show that the potential economic gain both for the state and for recipients of services is significant.

READING

244. Alexander Graham Bell Association for the Deaf.

Reading for deaf children; a panel discussion held at the 1956 Summer Meeting... Chairman, Margaret Breakey.... Volta Rev. Dec., 1956. 58:10:429-439, 451.

Contents: Use of standard textbooks in the intermediate grades, Alyce Thomas. -Audio-visual aids in reading, Priscilla Pittenger. -Techniques for developing reading skills, Alice A. Kent. -Guiding deaf children in following individual interests in reading, Irene T. Wasell.

The controversy on reading during the past few years has stimulated teachers of deaf children to re-examine the ways in which children learn best. Aids for making reading more meaningful for the deaf are discussed in this series of articles.

RECREATION--EQUIPMENT

245. Schriver, Dorothy

Therapeutic toys. Science News Letter. Dec. 15, 1956. 70:24:378.

In addition to stimulating handicapped children to new activity, toys can be used in therapeutic treatment to develop muscles and the senses. Mention is made of a series of studies conducted by the American Toy Institute, research division of the Toy Manufacturers of U. S. A., in cooperation with the National Society for Crippled Children and Adults.

RECREATION--PERSONNEL

246. Phillips, B. E.

Standards for the VA recreation trainee. J. Health, Phys. Educ., Recreation. Dec., 1956. 27:9:31, 59.

In same issue: Professional preparation in hospital recreation, by B. E. Phillips, p. 52.

Reported here are standards governing the conduct of a Student Affiliate Recreation Trainee Program in hospitals and domicilaries of the Veterans Administration. Designed to improve pre-service clinical experience of hospital recreation personnel and to make available to the V. A. the services of students possessing recreation skills, these administrative policies provide for cooperation between colleges and universities and V. A. field stations in offering students opportunity for training in the profession.

The second article by Mr. Phillips lists questions raised at the 59th Convention of the American Assn. for Health, Physical Education, and Recreation in regard to the education of specialists in hospital recreation. The general trend toward agreement on the solution of these problems is discussed briefly.

REHABILITATION

247. Amato, David

Rehabilitation and the democratic process. J. Rehab. Sept.-Oct., 1956. 22:5:9-11.

The provision of rehabilitation services in underdeveloped countries can promote the growth of democracy in the process of supplying the benefits of modern programs of public health. The United States has the opportunity, through its wealth, technical information and know-how in the field of rehabilitation, to emphasize the democratic process involved in community planning for rehabilitation services.

248. Covalt, Nila Kirkpatrick (700 Dixie Parkway, Winter Park, Fla.)

Preventive rehabilitation. J. Am. Med. Women's Assn. Dec., 1956. 11:12:426-431.

A discussion of the philosophy and concept of rehabilitation as a vital part of preventive medicine; the five basic steps in preventive rehabilitation are, in some instances, discussed in detail. Dr. Covalt mentions several general techniques relating to all types of disability and some more definite ones relating to specific disability problems. Such techniques can be performed by the physician, nurse, nurse's aide, or

REHABILITATION (continued)

relative in the home and the very necessary early treatments relating to preventive rehabilitation can be given in any general hospital or at home, no equipment being necessary. Training in self care is possible for almost every patient, she believes.

249. Tobis, Jerome S. (1 E. 105th St., New York 29, N.Y.)

Rehabilitation of the handicapped child. N.Y. State J. Med. Aug. 1, 1956. 56:15:2354-2360. Reprint.

In the field of physical medicine and rehabilitation, activities are directed essentially to the care of children with neuromuscular and musculoskeletal disorders. General principles of care are discussed briefly and three major areas of physiological activity in rehabilitation, as well as rehabilitation techniques and home or institutional care, are covered. A comprehensive program is a necessity in rehabilitation of the handicapped, children as well as adults.

REHABILITATION--AUSTRALIA

250. Anderson, Colin

The scope of rehabilitation in Australia, with a suggestion for the future. Med. J. Australia. Mar. 24, 1956. 1:12:477-479. Reprint.

In same issue: Rehabilitation of the disabled, with particular reference to its present progress in Australia, G. G. Burniston, p. 479-482. - The place of a rehabilitation unit in a general hospital, Selwyn Nelson, p. 482-485. - The functions of a rehabilitation centre and its importance in a total scheme of rehabilitation, D. O. Longmuir, p. 486-492.

The article by Colin Anderson is the President's address to the Section of Rehabilitation and Physical Medicine, Australasian Medical Congress (British Medical Association), August, 1955, and describes advances in rehabilitation services in Australia and the work of governmental and voluntary organizations in the field. The article by Dr. Burniston describes rehabilitation services in Great Britain and the United States, comparing them with services in Australia. Organization and administration of a rehabilitation unit in a general hospital are discussed by Selwyn Nelson. The author's experiences over a period of years in the development, organization and medical management of rehabilitation centers are described in the article by D. O. Longmuir.

REHABILITATION--GREAT BRITAIN

251. Engel, H. O.

Speeding the recovery of the injured worker. Rehabilitation. Autumn, 1956. 19:9-14.

The author states his belief that rehabilitation should not be a speciality, practiced in specialized departments, but an attitude to treatment practiced by all medical and ancillary personnel from the moment of injury or illness. He describes the rehabilitation system practiced by the Ford Motor Co. in Great Britain whereby the worker

REHABILITATION--GREAT BRITAIN (continued)

is rehabilitated and resettled all in one process, with one single doctor directing the program with the help of a rehabilitation team. No special workshop is employed for rehabilitation purposes; the worker is placed in suitably adapted work within the factory itself. Staff of the team working under the medical officer is discussed as well as some factors which prove to be obstacles to the rehabilitation process.

REHABILITATION--PROGRAMS

252. Wilson, Donald V. (701 First Ave., New York 17, N. Y.)

Rehabilitation; a world-wide movement. Rehabilitation. Autumn, 1956. 19:22-26. Reprint.

The Secretary General of the International Society for the Welfare of Cripples describes the growth of the Society and its services, how its work has fostered international cooperation, the value of voluntary organizations in organizing services for the handicapped, and some of the services included in the Society's program. The distribution of technical literature and the publishing of its World Congress proceedings, provision of opportunity to exchange students, enabling them to learn more of rehabilitation services in other countries, and the cooperative relationships with other international organizations working in fields of mutual interest are only a part of this program.

REHABILITATION--SURVEYS--KENTUCKY

253. Kentucky. Legislative Research Commission.

Rehabilitation of the handicapped. Frankfort, The Commission, 1956. 43 p. tabs. (Research publ. no. 44)

Presents results of a state-wide survey of rehabilitation resources in Kentucky and recommendations for improving and expanding services and facilities for the disabled. Covered are: the scope of the problem, estimated prevalence rates of disability in the United States and Kentucky, a description of the steps in the rehabilitation process, and a description of the more important agencies in Kentucky which provide services. Programs of the Division of Vocational Rehabilitation, Workmen's Compensation Board, the Division of Employment Service, the Crippled Children Commission, United Mine Workers of America Welfare and Retirement Fund, the State departments of health and mental health, the Tuberculosis Hospital Commission, schools for the deaf and the blind, rehabilitation centers, and selected agencies are evaluated. Present programs of other states are compared briefly to Kentucky's.

Recommendations made for the expansion or improvement of services are general; the State Division of Vocational Rehabilitation receives more thorough treatment in this report than any other public or private agency.

Available from Franklin Goins, Admin. Assistant, Legislative Research Commission, Frankfort, Ky.

REHABILITATION CENTERS--MINNESOTA

254. Krusen, Frank H. (102-110 2d Ave., Rochester, Minn.)

A clinic section of physical medicine and rehabilitation. Arch. Phys. Med. and Rehab. Nov., 1956. 37:11:683-688. Reprint.

In this report to the American Academy of Physical Medicine and Rehabilitation, Dr. Krusen describes the development, over a period of 20 years, of programs of teaching, research, and practice in the physical medicine and rehabilitation section of the Mayo Clinic, Rochester, Minn. Various services of the section are discussed and floor plans of the department of physical medicine and rehabilitation and its outpatient department are included.

RHEUMATIC FEVER

255. Wood, Harrison F. (N.Y. Univ. Coll. of Med., New York, N.Y.)

Physical activity during convalescence from rheumatic fever, by Harrison F. Wood and Philip R. Lee. Mod. Concepts of Cardiovascular Dis. Dec., 1956. 25:12:361-364.

Presents the American Heart Association's second revision of its statement on recommendations for the prevention of first and repeat attacks of rheumatic fever. In addition to its publication here it also appeared in the January, 1957, issue of Circulation, the Association's journal of clinical cardiology.

Principal changes, reflecting the growing body of knowledge and experience in this field are: 1) greater emphasis on the value of throat cultures in diagnosing streptococcal infections; 2) a more qualified statement on duration of prophylaxis; and 3) the preferred method of prophylaxis. Also recommended are revised dosages for prophylaxis against bacterial endocarditis in patients undergoing surgical procedures.

RHEUMATIC FEVER--PREVENTION

256. Wallace, Helen M. (Univ. of Minn. School of Public Health, Minneapolis, Minn.)

Study of follow-up of children recommended for rheumatic fever prophylaxis, by Helen M. Wallace (and others). Am. J. Public Health. Dec., 1956. 46:12:1563-1570.

A report of the results of a follow-up study done in 1955 on children seen in the New York City Health Department's Cardiac Consultation Service Clinics during 1954. Subjects of the study were those recommended for placement on a prophylaxis regime to prevent recurrences of rheumatic fever. Only 52 per cent were found to be still under such medical care and 60 per cent of this group were on prophylaxis. Failure of the program was attributed to several causes discussed here. Findings may suggest implications for more inclusive and effective community programs of prophylaxis in rheumatic fever.

SCHOOL HYGIENE

257. Ingram, Christine P. (Ill. State Normal Univ., Normal, Ill.)
Prevention of handicaps is timely. Exceptional Children. Dec., 1956. 23:3:98-101, 124.

A discussion of the factors in initial or early prevention that safeguard health for more children and prevent the onset or development of a handicapping condition. Recommendations of the 1930 White House Conference on Child Health and Protection, the Committee on the Education of Exceptional Children, and various government agencies working in the interest of child health are given on aspects of prevention. Recent studies stress the need for screening and follow-up for diagnosis and treatment; medical examinations; orientation of parents, schools, and health personnel in modern concepts of mental health; and the elimination of environmental hazards and the observance of safety precautions.

SCOLIOSIS

258. Gucker, Thomas, III (Georgia Warm Springs Foundation, Warm Springs, Ga.)

Experiences with poliomyelitic scoliosis after fusion and correction, J. Bone and Joint Surg. Dec., 1956. 38-A:6:1281-1300.

The behavior of paralytic scoliosis is different from that of the congenital and idiopathic types. Fusion of the spine is the most usual treatment to achieve the two-fold goal of preventing progression of the deformity and attaining adequate functional stability of the trunk. This is a report of a study of 86 patients who underwent spine fusion in the period November, 1940, to May, 1952. Final results were: 9% became worse, 47% showed no change, and 44% were improved. The average follow-up period was 4 and 1/12th years. "It is recommended that in the treatment of patients with paralytic scoliosis, iliac or thin tibial grafts be used, that 4 months of recumbent immobilization be considered sufficient, and that the patient wear a rigid cellulose-acetate jacket for at least 2 years after the upright position is permitted."

SEGREGATION AND NONSEGREGATION

259. Force, Dewey G., Jr. (Univ. of Georgia, Athens, Ga.)
Social status of physically handicapped children. Exceptional Children. Dec., 1956. 23:3:104-107, 132.

A study comparing physically handicapped and normal children in integrated classes at the elementary school level for the purpose of determining the effect of physical disability upon social position among peers. The prediction of no significant differences between physically handicapped and normal in status scores as friends, playmates, and workmates was not confirmed by the data. Findings revealed that the physically handicapped are not as well accepted as normal children in integrated classes at this level. Other factors besides physical disability which affect social acceptance are discussed briefly. In this study a near-sociometric instrument was administered which revealed choice behavior on three criteria--friends, playmates, and workmates.

See also 201; 240; 242.

SPECIAL EDUCATION--GREAT BRITAIN

260. Great Britain. Ministry of Education

Education of the handicapped pupil, 1945-1955. London, H. M. Stat. Off., 1956. 26 p. (Ministry of Educ. pamph. no. 30)

Since the passing of the Education Act in 1944 in Great Britain, special educational treatment of handicapped pupils has made marked advances. The survey of achievements of the first decade, since its passage, contained in the Ministry of Education's annual report for 1955, has been substantially reprinted in this pamphlet. Covered are: the effect of the Act of 1944, special school provision since 1945, teachers of the handicapped, the development in special education for particular handicaps, hospital schools, and education of the homebound. An appendix lists other publications available from H. M. Stationery Office on education for the handicapped child.

Available in the United States from British Information Services, 30 Rockefeller Plaza, New York 20, N. Y., at 50¢ a copy.

SPECIAL EDUCATION--HISTORY--GREAT BRITAIN

261. Smith, R. A., comp.

A history of London's special schools. Special Schools J. Nov., 1956. 45:4:17-21.

A chronological account of the development of special schools under the jurisdiction of the London School Board. Excerpts from the official records of the Board testify to the consideration given the blind, deaf, physically and mentally handicapped. This article concerns the early history of special schools in London, in the last quarter of the 19th century.

SPECIAL EDUCATION--PERSONNEL

See 163.

SPEECH CORRECTION

262. Hays, Marcia (Bur. of Crippled Children Services, State Dept. of Public Health, 2151 Berkeley Way, Berkeley 4, Calif.)

Medical evaluation of speech services. Calif. Health. Dec. 1, 1956. 14:11:121-124.

There are no apparent guides marking boundaries between the educational and medical aspects of problems relating to speech, speech handicaps, and speech development. Attention is directed to the necessity of detailed diagnostic investigation by medical and educational specialists, by social workers, by clinical psychologists, and by speech therapists and audiologists in order to arrive at a coordinated opinion with specific recommendations for a treatment program for an individual child. The old-fashioned method of examination and report befuddles the teacher and speech therapist, as much as it does the administration of the Crippled Children Services' program. Greater attention also should be given to the timing of and place for the diagnosis and treatment. Early preventive services and services to parents should be provided, since the early emotional environment of the child seems to determine the extent of almost any speech handicap.

A paper read at the 30th annual meeting of the California Society for Crippled Children, San Jose, October 9, 1956.

SPINA BIFIDA

263. Nash, D. F. Ellison (St. Bartholomew's Hosp., London, Eng.)
Congenital spinal palsy. Brit. Med. J. Dec. 8, 1956. 5005:
1333-1337.

Congenital defects of the spinal cord present an increasing social problem, complicated by urinary and fecal incontinence. Practical measures are suggested for planning a program of medical and educational management of children thus affected. Both urology and general surgery can contribute to the correction of abnormalities causing incontinence and to its control. With an improved outlook in prognosis for children with spina bifida palsies, there is a reasonable possibility of their acquiring an education, adapting to their disability, becoming socially acceptable, and eventually even becoming employable.

STATE SERVICES--ILLINOIS

264. Kobes, Herbert R. (1105 S. 6th St., Springfield, Ill.)
Medical care services for crippled children in Illinois. Brit. J. Phys. Med. Dec., 1956. 19:12:265-269.

A description of the Illinois Division of Services for Crippled Children and its program. Objectives, medical categories under which services are available, types of services provided, administrative aspects and staff, the attention given emotional problems of children, the work of parents' groups, alterations seen in disease patterns over a period of years, and the use of rehabilitation techniques are discussed. A brief evaluation of the Division's work is included.

STRABISMUS

265. Ellis, George S. (921 Canal St., New Orleans, La.)
The development of vision in the cross-eyed child, by George S. Ellis and George M. Haik. J. La. State Med. Soc. Dec., 1956. 108:12:450-454.

Between 1% and 1.5% of children in a general population group are cross-eyed. The development of vision in the infant and young child and the causes of crossed-eyes are reviewed. Therapeutic factors are indicated.

STUTTERING

See 279; 280.

SURGERY

266. Darling, Robert C. (630 W. 168th St., New York 32, N.Y.)
Rehabilitation factors in surgical patients. Surg. Clinics N. Am. Apr., 1956. 36:2:1-16. Reprint.

Discussed the aims of therapeutic exercise in general and presents a detailed application of rehabilitation measures in a few clinical conditions with which the surgeon deals. Covered are: preservation of muscle and joint function following thoracic surgery, functional

SURGERY (continued)

training after arthroplasty of the hip, and the management of amputations, the latter described in more detail and illustrating the broad planning concept and wise utilization of paramedical experts necessary for successful rehabilitation.

SURGERY (PLASTIC)

267. Blocker, T. G., Jr. (900 Strand St., Galveston, Tex.)

Psychiatric aspects of plastic surgery. Am. J. Surg. July, 1956. 92:1:103-106. Reprint.

A discussion of the psychiatric and psychological problems associated with congenital and acquired deformities. In the case of cosmetic surgery, most surgeons are hesitant to perform "beauty surgery" without a careful study of all the personality factors involved and without psychiatric clearance. Rehabilitation of the person with actual disfigurement, whether mild or severe, cannot be accomplished, the writer believes, without an understanding of the effect of specific defects on the patient and on society.

TUBERCULOSIS--EMPLOYMENT

268. Allen, Albert R. (Central Washington Tuberculosis Hosp., Selah, Wash.)

Ex-tuberculosis patient as an employee. Indust. Med. and Surg. Dec., 1956. 25:12:573-578.

A report on results of a program, carried on for the past four years, in which discharged tuberculosis patients were returned to their previous occupations regardless of physical exertion required on the job. Such a program has been made possible through use of new methods of treatment and the abandonment of all collapse therapy and rigid bed rest. Data on results are included; over 300 patients have been returned to previous employment. The follow-up period was 21 months as of June 1, 1956. Of the group, only 23 have reactivated. Due to the shortening of the hospital stay, occupational therapy has become unnecessary; since the patients average over 40 years of age, they are vocationally settled in their trade or profession. If they have never done anything but manual labor, it is doubtful they could be retrained for other types of employment.

See also 273.

TUBERCULOSIS--MEDICAL TREATMENT

269. Mitchell, Roger S. (Univ. of Colo. Med. Center, 4200 E. 9th Ave., Denver 20, Colo.)

Present-day management of tuberculosis. J. Chronic Diseases. Dec., 1956. 4:6:607-634.

TUBERCULOSIS--MEDICAL TREATMENT (continued)

A review of present-day management of tuberculosis, with particular emphasis on pulmonary tuberculosis. Advocated in treatment are rest, chemotherapy, surgical drainage and extirpation, and rehabilitation. In pulmonary tuberculosis lung collapse and special surgical procedures are recommended. Discussed in detail are the considerations of chemotherapy, IHN metabolism, and the results of modern treatment. Increasing difficulties in differentiating tuberculosis from other diseases with certainty, the social problems of the tuberculous alcoholic, and the enforced hospitalization of the uncooperative infectious patient are pointed out. Bibliography of 129 references.

UROLOGY

270. Posniak, Abraham O. (Dept. of Phys. Med. and Rehab., N. Y. Med. College, New York 7, N. Y.)

Management of the neurogenic bladder, by Abraham O. Posniak, Andor Weiss, and Jerome S. Tobis. Arch. Phys. Med. and Rehab. Dec., 1956. 37:12:755-759.

A plan to serve as a guide for the treatment of urologic problems of spinal cord injury cases is presented. "The mechanism of micturition and its pathophysiology in patients with spinal cord injury have been analyzed. Method of urological examination and treatment of the neurogenic bladder have been outlined. A bladder training program has been presented." 19 references.

VETERANS (DISABLED)--PERSONNEL

See 246.

VOCATIONAL EDUCATION

271. Best, Edgar E. (Phys. Med. and Rehab. Serv., Veterans Admin., Washington 25, D. C.)

Development and growth of manual arts therapy. Am. Arch. Rehab. Ther. Dec., 1956. 4:4:247-252.

Reprinted from: Rehab. Therapy Bul. Apr., 1953. 3:4:1, 6-8.

Discussed the origin of manual arts therapy, first referred to as "shop retraining," and at present functioning in approximately 55 per cent of all Veterans Administration hospitals. Programs have been established in 17 tuberculosis, 35 neuropsychiatric, and 33 general medical and surgical V. A. hospitals. Benefits derived from this form of therapy are physical, mental, and economic. Growth of the program has been responsible for professional growth in therapists, as well.

272. Cerebral Palsy Rev. Sept.-Oct., 1956. 17:5.

Title of issue: Vocational guidance and rehabilitation; Ernest Fleischer, Associate Editor.

Contents: An abstract of the Adult Occupational Inventory, Frances Giden Berko and Martin J. Berko. -Introduction: Guidance and rehabilitation in cerebral palsy, Ernest Fleischer. -Recent trends in

VOCATIONAL EDUCATION (continued)

guidance and education for individuals with cerebral palsy, (Project Committee, Univ. of Georgia). -A letter to parents, Cecil K. Harbin and Lenore M. Harvey. -Looking ahead vocationally; a program for developing pre-vocational experiences, (...Committee, Univ. of Kentucky). -Guidance activities for realistic vocational choices, (...Committee, Univ. of Kentucky). -Counseling problems, (...Committee, Temple Univ.). -How parental attitudes interfere with counseling, Andrew Flynn. -Guidelines for effective vocational counseling, (...Committee, Univ. of Georgia). -Organizing and administering a vocational guidance program for the handicapped in rural and remote areas, Paul Teague and S. O. Million. -Feasibility of small business enterprises for the individual with cerebral palsy, (...Committee, Univ. of Kentucky.)

Papers presented here constitute reports of project committees from workshops conducted at various universities for the past four summers. Any inquiries concerned with the information presented here should be addressed to Mr. Ernest Fleischer, United Cerebral Palsy Assns., 365 Lexington Ave., New York, N. Y.

273. Rudman, Sydney (Crump V. A. Hospital, Memphis, Tenn.)
Rehabilitation--not mere simulation. Am. Arch. Rehab. Ther.
Dec., 1956. 4:5:238-241.

Describes a program recently initiated at a 300 bed tuberculosis hospital in Memphis for making the vocational planning of patients more meaningful. Industrial therapy leading to placement in community businesses aids in the vocational adjustment of these patients. Within actual working conditions, work tolerance, pre-vocational skills, and on-the-job training are developed.

WALKING--EQUIPMENT

See 181.

New Books Briefly Noted

CEREBRAL PALSY--PHYSICAL THERAPY

274. Colli Grisoni, Adelaide
La rieducazione motoria delle paralisi cerebrali infantili. Bologna, Italy; L. Cappelli, 1955. 182 p. illus., tabs. Paperbound.
Covers a general discussion of cerebral palsy; the fundamental neurophysiology of motor activity; general techniques of rehabilitation; various rehabilitation techniques useful in training the child from 2 to 4 years; techniques in different forms of cerebral palsy; physical therapy, occupational therapy, and speech therapy for the cerebral palsied child; muscle testing; and guides for the assessment of motor development.
Published by L. Cappelli, Via Rarini 6, Bologna, Italy.

MENTAL DEFECTIVES

275. Capa, Cornell

Retarded children can be helped, by Cornell Capa and Maya Pines. Great Neck, N. Y., Channel Pr., c1957. 159 p. illus.

From a two-part series of articles which appeared in Life Magazine in 1954, this book has been developed into a full report of what parents of the retarded have achieved in the way of training and education for their children. True-to-life pictures and non-technical case-histories show what is actually being done in various parts of the country. Such facilities as medical clinics, nurseries, day camps, training centers, sheltered workshops, home training facilities, and special classes have multiplied for the retarded due to the interest and effort of parents who have often enlisted the aid of the whole community. Photographs are by Cornell Capa who has already received the Newspaper Guild's "Page One" citation for his work in this book. Text is by Miss Pines who has specialized in articles dealing with science and psychology. Their book will aid materially in advancing the cause of retarded children.

Published by Channel Press, Great Neck, N. Y., at \$5.00 a copy.

OLD AGE--EMPLOYMENT--GREAT BRITAIN

276. Clark, F. LeGros

Ageing in industry; an inquiry based on figures derived from census reports, into the problem of ageing under the conditions of modern industry, by F. LeGros Clark and Agnes C. Dunne. New York, Philosophical Library, 1956. 146 p. tabs., graphs.

A report of a statistical study of 32 selected occupations in Great Britain, covering approximately a quarter of the occupied male population in 1951, to determine what numbers of workers are physically able to continue in their various occupations beyond the mid sixties. An estimate is made of the numbers for whom alternative or modified jobs will, in all probability, be necessary at about that time of life if they are to remain gainfully employed. The report provides a factual survey of a number of modern industries from the viewpoint of their older employees, and compares varying conditions of work, opportunities for modifying work processes, and the retirement and superannuation practices peculiar to different occupations in Great Britain.

Available from Philosophical Library, 15 E. 40th St., New York 16, N. Y., at \$7.50 a copy.

PHYSICAL THERAPY

277. American Physical Therapy Association (1790 Broadway, New York 19, N. Y.)

Correlation of basic sciences with kinesiology. New York, The Assn. (1956). 163 p. figs. (APTA-OVR Institute papers, April, 1955). Mimeo. Spiral binding.

PHYSICAL THERAPY (continued)

Papers from the Institute, sponsored jointly by the American Physical Therapy Association and the Office of Vocational Rehabilitation and planned especially for physical therapists teaching kinesiology to aid them in providing better services to patients, include: What is kinesiology; a historical review, Susanne Hirt (a reprint from Phys. Therapy Rev., Aug., 1955). -Biomechanics; Part A, Statistics and dynamics, Herbert R. Lissner. -Part B, Forces in kinesiology, Marian Williams. -Some aspects of physiology which are basic to a better understanding of kinesiology, Harry M. Hines. -The anatomy of the hand, Joseph E. Markee. -Coordination of muscles in action, Roxie Morris. -Structure and function: Intrinsic muscles of the hand, Roxie Morris. -Locomotion, Charles O. Bechtol and Marian Williams.

POLIOMYELITIS

278. New York Academy of Sciences (2 E. 63rd St., New York 21, N. Y.)
Biology of poliomyelitis. Annals, N. Y. Academy of Sciences.
Sept. 27, 1955. 61:4:737-1064. \$5.00.

A series of papers from a conference on "Biology of Poliomyelitis," held by the Section of Biology of the New York Academy of Sciences, January 20 and 21, 1955. Papers were grouped under the headings of: Part I. Poliomyelitis virus and methods of study; Part II. Susceptibility of cells and organisms to poliomyelitis; Part III. Poliomyelitis virus variation; Part IV. Poliomyelitis and the community; Part V. Immunization against poliomyelitis. (See #235.)

STUTTERING

279. Hahn, Elise S.

Stuttering; significant theories and therapies, by Eugene F. Hahn; 2d ed. prepared by Elise S. Hahn. Stanford, Calif., Stanford Univ. Pr., c1956. 180 p. \$4.00.

First published in 1943 by Dr. Eugene F. Hahn, this second edition has been revised and brought up to date by his wife after Dr. Hahn's death in 1944. Dr. Elise S. Hahn is an associate professor of speech at the University of California, Los Angeles. Summaries of the theories and therapy employed by 25 authorities in the field of speech therapy are presented; each theory has, according to the editor, historical value in that it either has influenced present thought profoundly or is now being taught in some section of the country or is being used in private practice. For the most part the therapies described have been used with extensive numbers of stutterers. Students of speech will gain new insight to the variety of approaches to the problem of stuttering.

Contents: Smiley Blanton, M. D., C. S. Bluemel, M. D., E. J. Boome, Bryng Bryngelson, W. A. Carot, Isador H. Coriat, M. D., Knight Dunlap, John M. Fletcher, Emil Froeschels, M. D., Mabel F. Gifford, James S. Greene, M. D., Wendell Johnson, George A.

STUTTERING (continued)

Kopp, Max Nadoleczny, M.D., Yale Nathanson, Edward Pichon, M.D., and Mme. Borel-Maisonny, Samuel D. Robbins, Joseph G. Sheehan, Meyer Solomon, M.D., Walter B. Swift, M.D., Lee Edward Travis, C. Van Riper, Deso A. Weiss, M.D., Robert West, Gertrud L. Wyatt, Appendix: Treatment of stuttering in the public schools, by Margaret Hall Powers.

STUTTERING--STUDY UNITS AND COURSES

280. Van Riper, Charles

A casebook in stuttering, by Charles Van Riper and Leslie Gruber. New York, Harper & Bros., c1957. 149 p. Paperbound.

"...a casebook designed to give the beginning student of speech therapy some vicarious experience in examining, diagnosing and planning therapy for a severe secondary stutterer.... His problems are fairly typical and have been selected from actual case reports of several stutterers with whom we have worked intensively. . . "-- (Authors' Introduction). Covered are techniques of planning the initial interview, the purpose and evaluation of case histories, techniques of interviewing, the value of the stutterer's autobiography, the stutterer's attitude toward his stuttering and his evaluation of his own problem, exploring for emotional factors (use of tests), observation in actual speech situations, aspiration levels, testing motor skills, breathing abnormalities, and analysis of symptoms. An outline for drawing up a therapy plan is given. A concluding section lists questions over the literature on stuttering and incorporates a bibliography wherein the answers may be found.

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